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| Case Number: | CM13-0038556 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 09/09/2009 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 10/16/2013 |
| Priority: | Standard | Application Received: | 10/25/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 63 year old male with an injury date on 05/30/96. Based on the 07/16/13 progress report provided by [REDACTED], the patient's diagnosis include low back pain, intermittent radiating leg pain, status post L4 to S1 laminectomy, spondylolisthesis L4-L5 with instability, and severe neuroforaminal compression, right L5-S1. The first progress report provided on 03/19/13, indicated that the patient was already taking Norco 10/325 mg 1 tab qd along with several other medications including Atenolol 50 mg 2/day, Lisinopril 20 mg bid, Actos 15 mg 1/day, Lipitor 10 mg 1/day, Aspirin 81 mg/1 day, Potassium Citrate 1080 mg 2/day, and medical marijuana PRN. A CT of the lumbar spine on 07/09/12 revealed that the patient has diffuse degenerative disc disease and mild grade 1 degenerative anterolisthesis at L4-5. A radiographic report on 11/23/11 shows grade 1 to grade 2 spondylolisthesis at L4-L5 and also possibly at L5-S1. An MRI of the lumbar spine completed on 11/21/11 reveals severe stenosis of left neural foramen in L4-L5 and of right neural foramen in L5-S1. [REDACTED] is requesting pharmacy purchase of 60 tablets of Hydrocodone/APAP (Norco). The utilization review determination being challenged is dated 10/16/13 and recommends denial of the Norco. [REDACTED] is the requesting provider, and he provided treatment reports from 03/19/13-01/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

REQUEST FOR HYDROCODONE/APAP 10-325 MG (NORCO) #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

Decision rationale: According to the 07/16/13 progress report, the patient presents with low back pain, intermittent radiating leg pain, status post L4 to S1 laminectomy, spondylolisthesis L4-L5 with instability, and severe neuroforaminal compression, right L5-S1. The request is for 60 tablets of Hydrocodone/APAP (Norco). The 07/16/13 progress report that the patient's symptoms have not significantly changed; however, he does have better functionality with his exercise and taking minimal medications. The treating physician continues to state that "the efficacy after starting the medications has been significantly improved. He was previously very debilitated in his functionality in his day to day activities prior to starting Norco as well as Neurotonin. He currently states that he is able to walk farther distances as well as increase his day to day activities." Before the Norco, the patient's pain was at 7-8/10 and now is a 4-5/10 with the Norco. The request was denied by utilization review dated 10/16/13. The rationale was that the Norco was not medically reasonable and necessary. According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Given the ratings, the treater does mention that medications provide reduction of some discomfort and functional improvement. One can clearly see that this patient suffers chronic pain and may require the use of opiates. Recommendation is for authorization.